

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 787508	RECEIPT DATE:	03 / 19 / 01
IA NUMBER:	PCT/ FR99 / 02218	IA FILING DATE:	09 / 17 / 99
FAMILY NAME:	CHEIKH	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ROLAND CHERIF	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 18 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	BET 01/0233	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000466	TELEPHONE 7035212297
			FAX

NAME: YOUNG & THOMPSON

STREET: 745 SOUTH 23RD STREET 2ND FLOOR

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 22202

EMAIL:

APPLICATION TITLES:

SYRINGES FOR THE ADMINISTRATION OF PASTY OR SEMI SOLID FORMULATIONS

TAB TO LAST POSITION,PUSH SEND